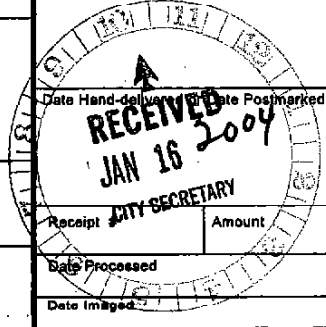


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME MR.	FIRST BRUCE LAST	MI K SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1505 WHISPERING PINES HOUSTON TX 77055		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (713) 688-1234		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME MRS.	FIRST TRINIDAD LAST	MI V SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 5847 SAN FELIPE, SUITE 4210 HOUSTON TX 77057		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (713) 334-2442		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11 / 28 / 2003 12 / 31 / 2003		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: 12 / 6 / 2003 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any): District A OFFICE SOUGHT (if known): CITY CONTROLLER		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name: Address / PO Box: Apt. / Suite #: City: State: Zip Code:		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			



✓

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

BRUCE TATRO

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 32,145.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 42,098.93

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

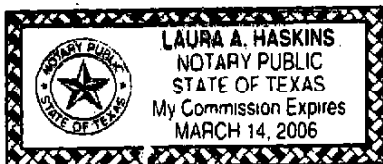
\$ 4,640.70

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bruce Tatro
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BRUCE TATRO, this the 16th day of JANUARY, 2004, to certify which, witness my hand and seal of office.

Laura A. Haskins
Signature of officer administering oath

LAURA A. HASKINS
Printed name of officer administering oath

Notary Republic
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9

1 of 9

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)

4 Date

11/29/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

MILTON LEVIT

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/29/03

Full name of contributor

☐ out-of-state PAC (ID#)

RONALD CUENOD

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/03

Full name of contributor

☐ out-of-state PAC (ID#)

STEPHEN HENCIR

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/03

Full name of contributor

☐ out-of-state PAC (ID#)

KENNETH JAMES

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/03

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES DORSETT

Contributor address; City; State; Zip Code

Amount of contribution (\$)

800.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9

2 of 9

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/29/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

DONALD VAN WART

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/1/03

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES JARD

Contributor address; City; State; Zip Code

Amount of contribution (\$)

2,500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/03

Full name of contributor

☐ out-of-state PAC (ID#)

CARL HARRIS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/03

Full name of contributor

☐ out-of-state PAC (ID#)

EDWIN McCORY

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/03

Full name of contributor

☐ out-of-state PAC (ID#)

ASSOCIATED BUILDER AND CONTRACTORS PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

2,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9

3/9

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/1/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

RAMSAY GILMAN

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

2,000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/1/03

Full name of contributor

☐ out-of-state PAC (ID#)

BOB KALMBACH

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/03

Full name of contributor

☐ out-of-state PAC (ID#)

C CLUB PAC

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

1,250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/03

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM OTHON

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/03

Full name of contributor

☐ out-of-state PAC (ID#)

MICHAEL STEVENS

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

2,500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9

4/9

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/1/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

LEE COOK

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

5,000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/2/03

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT CLAUDE

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/03

Full name of contributor

☐ out-of-state PAC (ID#)

J.A. ELKWS, JR.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/03

Full name of contributor

☐ out-of-state PAC (ID#)

PATRICIA OAKES

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/03

Full name of contributor

☐ out-of-state PAC (ID#)

DIGNICIO FLORES

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9

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2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/3/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

LOUISE RICHMAN

6 Contributor address; City, State; Zip Code

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

12/3/03

Full name of contributor

☐ out-of-state PAC (ID#)

CHARLES FROST

Contributor address; City, State; Zip Code

Amount of contribution (\$)

~~150.00~~
150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

12/3/03

Full name of contributor

☐ out-of-state PAC (ID#)

RIDGECREST SHOPPING CENTER LMTD

Contributor address; City, State; Zip Code

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

12/3/03

Full name of contributor

☐ out-of-state PAC (ID#)

JOEL PIPPERT

Contributor address; City, State; Zip Code

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

12/3/03

Full name of contributor

☐ out-of-state PAC (ID#)

JON STRANGE

Contributor address; City, State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9

6/9

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)

4 Date

12/3/03

5 Full name of contributor

Joe Adams

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/3/03

Full name of contributor

VIRGIL WAGGONER

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/03

Full name of contributor

DONALD DENNIS

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/03

Full name of contributor

TRICIA DODDS

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/03

Full name of contributor

MIKE FALICK

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 9 7/9	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/3/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID KOHLER 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARRY LIPTON Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TAMIR RAGONIS Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOWARD RANSOM Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRED MARTINES Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9

8/9

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/5/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

WELCOME WILSON

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/5/03

Full name of contributor

☐ out-of-state PAC (ID#)

MARIETTA HETMANIAK

Contributor address; City; State; Zip Code

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/5/03

Full name of contributor

☐ out-of-state PAC (ID#)

GEORGE PONTIKES

Contributor address; City; State; Zip Code

Amount of contribution (\$)

2,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/03

Full name of contributor

☐ out-of-state PAC (ID#)

VICKY FRAYSER

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/03

Full name of contributor

☐ out-of-state PAC (ID#)

BAC - PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 9 9/9	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission files)	
4 Date 12/10/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DON FAUST 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CITY OF HOUSTON Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 2,995.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KEON DAVIS Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

1/8

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/28/03

5 Payee name

CARRENO-McCUNE

6 Payee address; City; State; Zip Code

3730 KIRBY, Suite 418

HOUSTON TX 77098

7 Amount (\$)

11,550.00

8 Purpose of payment (See instructions regarding type of information required.)

Television Advertising

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/1/03

Payee name

CARRENO-McCUNE

Payee address; City; State; Zip Code

3730 KIRBY, STE 418

HOUSTON, TX 77098

Amount (\$)

17,075.00

Purpose of payment (See instructions regarding type of information required.)

Radio - Advertising

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/1/03

Payee name

EARL LEBLANC

Payee address; City; State; Zip Code

9023 SPRINGVIEW

HOUSTON TX 77080

Amount (\$)

38.30

Purpose of payment (See instructions regarding type of information required.)

Reimbursement of Misc. Exp.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/1/03

Payee name

LISA DIAMOND

Payee address; City; State; Zip Code

P.O. Box 1562

HOUSTON TX 77251

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Radio - Commercial

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

2/8

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12/3/03

NORMAN NOLASCO

6 Payee address; City; State; Zip Code

3121 BUFFALO SPDRY, # 3405
HOUSTON TX 77098

47.20

8 Purpose of payment (See instructions regarding type of information required.)

CREDIT CARD PROCESSING

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/3/03

MICHAEL FRANKS

Payee address; City; State; Zip Code

1103 CRESTMONT
WHARTON TX 77488

4,113.50

Purpose of payment (See instructions regarding type of information required.)

PRINTING - SIGNS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/4/03

RALPH GARCIA

Payee address; City; State; Zip Code

2810 LEE LAND
HOUSTON TX 77003

400.00

Purpose of payment (See instructions regarding type of information required.)

SIGNS - LABOR

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/4/03

LT COMMUNICATIONS

Payee address; City; State; Zip Code

2606 PERSA
HOUSTON TX 77098

272.00

Purpose of payment (See instructions regarding type of information required.)

PRINTING - POSTAGE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

318

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/5/03

5 Payee name

COWART AND ASSOCIATES

6 Payee address; City; State; Zip Code

6918 STONEY RIVER

SPRING TX 77379

7 Amount (\$)

2,000.00

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/5/03

Payee name

BRUCE TATRO

Payee address; City; State; Zip Code

1505 WHISPERING PINES

HOUSTON TX 77055

Amount (\$)

718.07

Purpose of payment (See instructions regarding type of information required.)

Reimbursement of Previous Expenses

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/5/03

Payee name

WC MANAGEMENT

Payee address; City; State; Zip Code

402 West 16th ST.

HOUSTON TX 77008

Amount (\$)

920.84

Purpose of payment (See instructions regarding type of information required.)

List of Phone #'s

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/8/03

Payee name

ADVANTAGE, INC

Payee address; City; State; Zip Code

1611 N. KENT STREET, SUITE 905

ARLINGTON VIRGINIA 22209

Amount (\$)

2,605.92

Purpose of payment (See instructions regarding type of information required.)

Pitore Bank

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8 4/8

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/8/03

5 Payee name

LAS ALAMEDAS

6 Payee address; City; State; Zip Code

8615 KATY FREEWAY

HOUSTON TX 77024

7 Amount (\$)

82.80

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN STAFF LUNCHEON

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/8/03

Payee name

T-MOBILE

Payee address; City; State; Zip Code

P.O. Box 790047

ST. LOUIS, MO 63179

Amount (\$)

383.28

Purpose of payment (See instructions regarding type of information required.)

MOBILE PHONE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/9/03

Payee name

KATZ'S DELI

Payee address; City; State; Zip Code

616 WESTHEIMER

HOUSTON TX 77006

Amount (\$)

61.36

Purpose of payment (See instructions regarding type of information required.)

OFFICE STAFF LUNCHEON

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/9/03

Payee name

KROGER

Payee address; City; State; Zip Code

3300 MONTROSE

HOUSTON TX 77006

Amount (\$)

23.82

Purpose of payment (See instructions regarding type of information required.)

REFRESHMENTS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

5/8

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10/03

5 Payee name

NANCY BREWER

6 Payee address; City; State; Zip Code

5306 DEMILO

HOUSTON TX 77092

7 Amount (\$)

33.00

8 Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT
COUNCIL BREAKFAST

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/11/03

Payee name

BRUCE TATRO

Payee address; City; State; Zip Code

1505 WHISPERING PINES

HOUSTON TX 77055

Amount (\$)

224.35

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT FOR
AUTOMOBILE INSURANCE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/11/03

Payee name

JOE FLORES

Payee address; City; State; Zip Code

5306 DEMILO

HOUSTON TX 77092

Amount (\$)

372.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS - LABOR

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/13/03

Payee name

FUDDRUCKER'S

Payee address; City; State; Zip Code

3929 SOUTHWEST FRWY

HOUSTON TX 77027

Amount (\$)

16.29

Purpose of payment (See instructions regarding type of information required.)

VOLUNTEER LUNCHEON

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

6/8

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/16/03

5 Payee name

BEST BUY

6 Payee address; City; State; Zip Code

9670 OLD KATY
HOUSTON TX

77055

7 Amount (\$)

100.00

8 Purpose of payment (See instructions regarding type of information required.)

OFFICE
STAFF X-MAS GIFT

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/16/03

Payee name

DILLARD'S

Payee address; City; State; Zip Code

800 MEMORIAL CITY MALL
HOUSTON TX

77024

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

OFFICE STAFF
X-MAS GIFT

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/16/03

Payee name

FOLEY'S

Payee address; City; State; Zip Code

800 MEMORIAL CITY MALL
HOUSTON TX

77024

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

OFFICE STAFF
X-MAS GIFT

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/16/03

Payee name

TARGET

Payee address; City; State; Zip Code

4325 SAN FELIPE
HOUSTON TX

77027

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

OFFICE STAFF
X-MAS GIFT

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

7/8

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/17/03

5 Payee name

RAY, KHALILI

6 Payee address; City; State; Zip Code

7929 LonePoint

Houston TX 77055

7 Amount (\$)

50.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Signs - Labor

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/19/03

Payee name

CAFE ADOBE

Payee address; City; State; Zip Code

7620 KATY FEWY

Houston TX 77024

Amount (\$)

126.23

Purpose of payment (See instructions regarding type of information required.)

OFFICE STAFF
DINNER

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/22/03

Payee name

Kim Son

Payee address; City; State; Zip Code

800 JEFFERSON

Houston TX 77006

Amount (\$)

24.00

Purpose of payment (See instructions regarding type of information required.)

LUNCHEON

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/22/03

Payee name

REPUBLICAN NATIONAL COMMITTEE

Payee address; City; State; Zip Code

310 FIRST ST.

WASHINGTON DC 20003

Amount (\$)

45.00

Purpose of payment (See instructions regarding type of information required.)

Membership Dues

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 8 2/8	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Payee name SBC	7 Amount (\$)	
12/22/03	6 Payee address; City; State; Zip Code P.O. Box 930170 DALLAS TX 75393	238.47	
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN OFFICE PHONE LINES		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name REPUBLICAN PARTY OF TEXAS	Amount (\$)	
12/24/03	Payee address; City; State; Zip Code 900 CONGRESS SUITE 300 AUSTIN TX 78701	45.00	
Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP DUES		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name COSTCO	Amount (\$)	
12/26/03	Payee address; City; State; Zip Code 9670 OLD KATY RD HOUSTON TX 77055	32.50	
Purpose of payment (See instructions regarding type of information required.) OFFICE STAFF X-MAS GIFT		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
	Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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